



## Department of Environmental Services

Engineering/Construction Division

300 Park Avenue, Falls Church, VA 22046

Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214

# Mechanical Permit Application

Date \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

Required fields are marked with ➤ and must be filled in. Please ensure that all required fields have been completed. If you are not using a mechanics' lien agent, please write "None" in that section. If there is no lessee, write "None" in that section.

### ADDRESS OF BUILDING

➤ \_\_\_\_\_ Falls Church, VA ➤  
Street Address Zip

### APPLICANT/CONTRACTOR INFORMATION

### MECHANICS' LIEN AGENT (Residential Only)

➤ _____ Name Phone <input type="checkbox"/> H. <input type="checkbox"/> O. <input type="checkbox"/> C.	➤ _____ Name Phone <input type="checkbox"/> H. <input type="checkbox"/> O. <input type="checkbox"/> C.
➤ _____ Address	➤ _____ Address
City State Zip Code <input type="checkbox"/> A. <input type="checkbox"/> B. <input type="checkbox"/> C.	City State Zip Code
VA State License Number Class	

### BUILDING OWNER INFORMATION

### LESSEE INFORMATION

➤ _____ Name Phone <input type="checkbox"/> H. <input type="checkbox"/> O. <input type="checkbox"/> C.	➤ _____ Name Phone <input type="checkbox"/> H. <input type="checkbox"/> O. <input type="checkbox"/> C.
➤ _____ Address	➤ _____ Address
City State Zip Code	City State Zip Code

### MASTER HVAC

### CONTRACT PRICE

➤ Name: \_\_\_\_\_ ➤ VA State License #: \_\_\_\_\_ ➤ Expires: \_\_\_\_\_ ➤ \$ \_\_\_\_\_

### ENGINEER / DESIGNER INFORMATION

Name - Architect/ Engineer/ Plan Preparer Street City State Tel. # License #

### TYPE OF WORK

Qty	Item	Manufacturer & Model Number	Rating (Tons)
	<input type="checkbox"/> Air Cond. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Handler <input type="checkbox"/> Refrig. Unit <input type="checkbox"/> Fan Coil <input type="checkbox"/> VAV Box <input type="checkbox"/> Hood <input type="checkbox"/> Paint Spray Booth		
	<input type="checkbox"/> Air Cond. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Handler <input type="checkbox"/> Refrig. Unit <input type="checkbox"/> Fan Coil <input type="checkbox"/> VAV Box <input type="checkbox"/> Hood <input type="checkbox"/> Paint Spray Booth		
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	<input type="checkbox"/> Air Cond. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Handler <input type="checkbox"/> Refrig. Unit <input type="checkbox"/> Fan Coil <input type="checkbox"/> VAV Box <input type="checkbox"/> Hood <input type="checkbox"/> Paint Spray Booth		

**Ductwork:** Ventilation System Risers: \_\_\_\_\_ Floors: \_\_\_\_\_ Exhaust System Risers: \_\_\_\_\_ Floors: \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

➤ _____ Signature of Applicant	➤ _____ Date	➤ _____ Address
➤ _____ Print Name	➤ _____ Phone to Call When Permit Ready	➤ _____ City State Zip Code

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080, (TTY 711).

### OFFICIAL USE ONLY

### Approvals

### Permit Fee

Zoning \_\_\_\_\_ Date \_\_\_\_\_

Building Official \_\_\_\_\_ Date \_\_\_\_\_

Base Permit Fee \_\_\_\_\_

1.75% State Levy \_\_\_\_\_

Total Permit Fee \_\_\_\_\_